

# Child Health Guide



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PUT PREVENTION

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INTO PRACTICE

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## IMPORTANT INFORMATION

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Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone(s): \_\_\_\_\_

Address: \_\_\_\_\_

Important Health Problems/Allergies: \_\_\_\_\_

Health Care Provider Name(s) and Phone Number(s)

Health Insurance Number(s): \_\_\_\_\_

Poison Control Center Phone Number:

The information on immunizations (pp. 4-7) is based on recommendations issued by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians.

## HOW TO USE THE CHILD HEALTH GUIDE

**E**ach page of the *Child Health Guide* covers an important health topic. The timeline in the center of this booklet gives an overview of care your child may need at each age.

- ❑ Be an active member of your child's health care team. Ask your health care provider any questions that you may have.
- ❑ Use the records throughout the *Child Health Guide* to keep track of the immunizations (shots), tests, exams, and other types of health care that your child receives. Use these records to remind you when your child needs to be seen next.
- ❑ Keep the *Child Health Guide* in a safe place. Check it often to make sure your child is getting the preventive care that he or she needs. Keep the *Child Health Guide* up to date.
- ❑ Bring the *Child Health Guide* every time your child goes to a health care provider.

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## CHECK-UP VISITS

Check-up visits are important because they allow your health care provider to review your child's growth and development, perform tests, or give shots. To help your provider get a complete picture of your child's health status, bring your child's health record (such as this *Child Health Guide*) and a list of any medications your child is taking to each visit.

Check-up visits are a time for parents to ask questions. Bring a list of concerns you have. For example, my child is not sleeping through the night yet, I don't think my child is eating enough, or my child seems uncoordinated and is always walking into things.

Some authorities recommend check-up visits at ages 2-4 weeks; 2, 4, 6, 9, 12, 15, and 18 months; 2, 3, 4, 5, 6, 8, 10, 12, 14, 16, and 18 years.

Some children may need to be seen more often, others less. Ask your clinician how often your child will need to be seen.

## IMMUNIZATIONS\*

Your child needs immunizations. Immunizations (shots) protect your child from many serious diseases. Below is a list of immunizations and the ages when your child should receive them. Immunizations should be given at the recommended ages—even if your child has a cold or illness at the time. Ask your health care provider when your child should receive these important shots. Ask also if your child needs other immunizations.

- ❑ **Polio (IPV):** At 2 months, 4 months, 6-18 months, and 4-6 years.
- ❑ **Diphtheria-Tetanus-Pertussis (DTaP):** At 2 months, 4 months, 6 months, 15-18 months, and 4-6 years.  
**Tetanus-Diphtheria (Td):** At 11-16 years.
- ❑ **Measles-Mumps-Rubella (MMR):** At 12-15 months and 4-6 years OR as soon thereafter as possible.
- ❑ **Haemophilus Influenzae type b (Hib):** At 2 months, 4 months, 6 months, and 12-15 months; OR 2 months, 4 months, and 12-15 months, depending on the vaccine type.
- ❑ **Hepatitis B:** At birth-2 months, 1-4 months, and 6-18 months. If missed, get 3 doses starting at age 11 years.
- ❑ **Chickenpox (Varicella):** At 12-18 months or under 13 years
- ❑ **Hepatitis A:** (in selected areas) At 24 months-18 years. Second dose 6-12 months after first dose.
- ❑ **Pneumococcal disease (Prevnar™):** At 2 months, 4 months, 6 months, and 12-15 months. If missed, talk to your health care provider.
- ❑ **Influenza:** (children at high risk for chronic diseases) 6 months - 18 years. Two doses at least 1 month apart for children under 9 years who receive influenza vaccine for the first time.

Periodically, the recommended timing for immunizations changes. For the latest immunization schedule, check this Web site: <http://www.ecbt.org/immusche.htm> or call *Every Child By Two* at (202) 783-7034.

\* The information on immunizations is based on recommendations issued by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians.

# IMMUNIZATION RECORD

Use this chart or an official immunization card to keep track of your child's immunizations. Be sure to talk with your child's health care provider about possible reactions and

what you should do. Significant reactions should be recorded and reported to your health care provider immediately.

## Type of Immunization

Enter Dates, Name/Initials of Provider and Other Information Below

<b>Polio (IPV)</b>	Dates Received Provider/ Clinic Recommended Ages	2 mos	4 mos		6-18 mos	4-6 yrs
<b>Diphtheria, Tetanus, Pertussis (DTaP/Td)</b>	Dates Received Provider/ Clinic Recommended Ages	(DTaP) 2mos	(DTaP) 4 mos	(DTaP) 6 mos	(DTaP) 15-18 mos	(DTaP) 4-6 yrs (Td) 11-16 yrs
<b>Measles, Mumps, Rubella (MMR)</b>	Dates Received Provider/ Clinic Recommended Ages				12-15 mos	4-6 OR as soon thereafter as possible
<b>Haemophilus Influenzae type b (Hib)</b>	Dates Received Provider/ Clinic Recommended Ages	2 mos	4 mos	6 mos	12-15 mos	
<b>Hepatitis B</b>	Dates Received Provider/ Clinic Recommended Ages	Birth-2 mos	1-4 mos	6-18 mos		3 doses at 11 yrs if missed previous doses
<b>Chickenpox (Varicella)</b>	Dates Received Provider/ Clinic Recommended Ages				12-18 mos	Under 13 yrs if missed
<b>Hepatitis A (in selected areas)</b>	Dates Received Provider/ Clinic Recommended Ages				24 mos-12 yrs	6-12 mos after first dose
<b>Pneumococcal Disease (Prevnar™)</b>	Dates Received Provider/ Clinic Recommended Ages	2 mos	4 mos	6 mos	12-15 mos	Talk to your doctor if missed previous doses
<b>Influenza (children at high risk for chronic diseases)</b>	Dates Received Provider/ Clinic Recommended Ages				6-18 mos	2 doses 1 month apart for children under 9

Revised January 2003.

## GROWTH RECORD

**Y**our child's health care provider will measure your child's height and weight regularly. Your child's head size will also be measured during the first 2 years of life. These measurements will help you and your health care provider know if your child is growing properly. Use the growth charts on pages 10 -13 to keep track of your child's growth. If you need help using these charts, ask your health care provider.

Date/Age    Weight    Height    Head Size

[illegible]

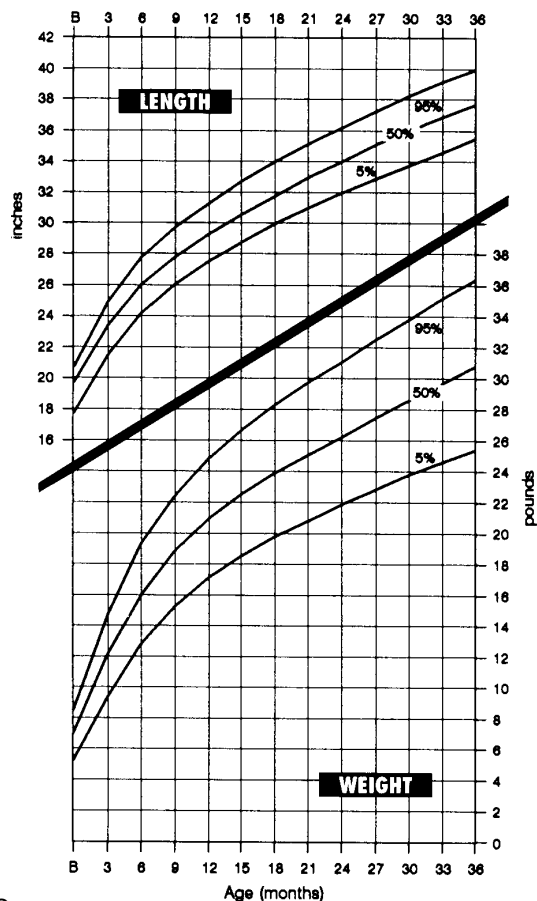
## GROWTH RECORD

Date/Age    Weight    Height    Head Size

[illegible]

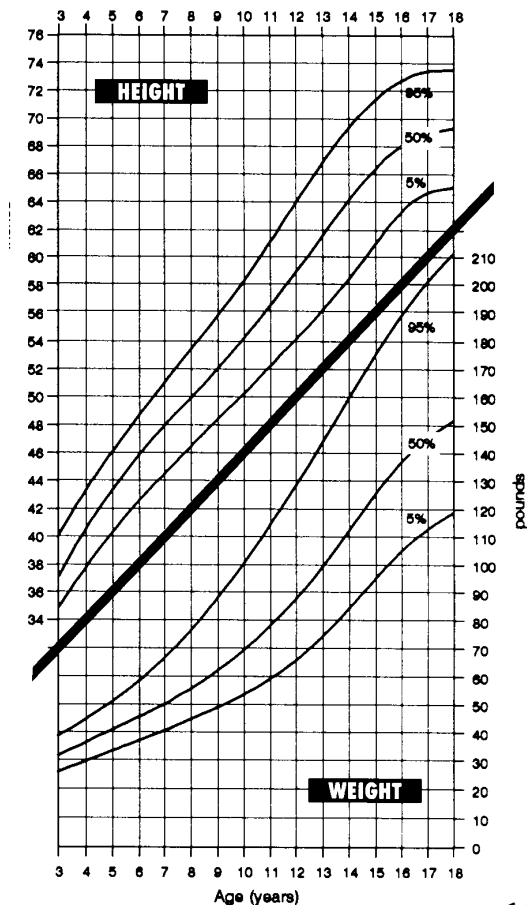
## GROWTH CHART

Boys, birth to 3 years of age



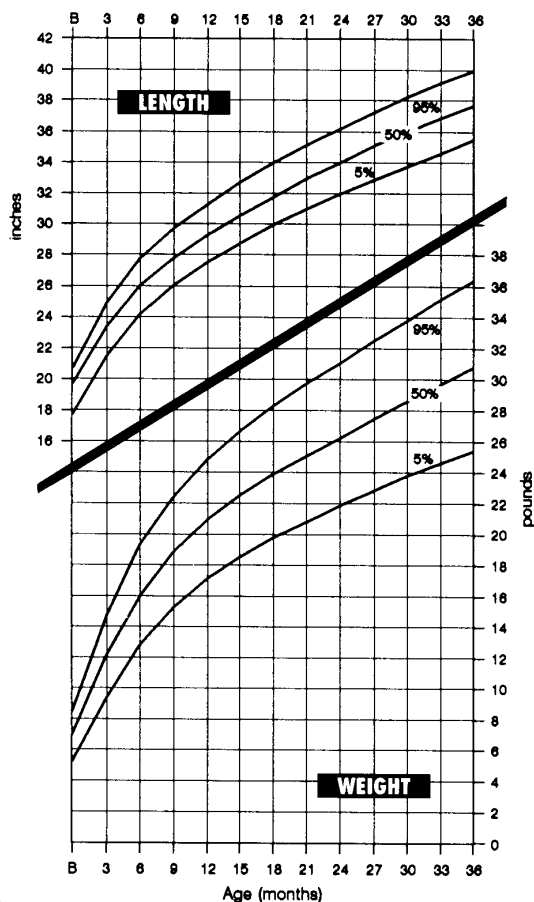
## GROWTH CHART

Boys, 3 to 18 years of age



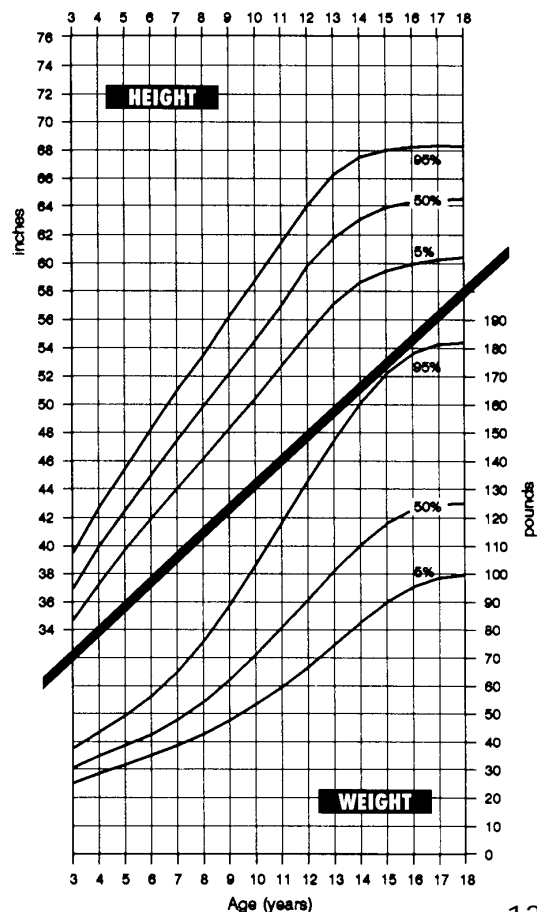
## GROWTH CHART

Girls, birth to 3 years of age



## GROWTH CHART

Girls, 3 to 18 years of age





## NEWBORN SCREENING

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**C**ertain blood tests should be done before your baby is 7 days old. They are usually done just before your baby leaves the hospital. If the blood tests were done earlier than 24 hours after birth, a repeat test at 1 to 2 weeks of age is recommended. Common newborn screening tests include those for PKU, thyroid, and sickle cell disease.

## BLOOD PRESSURE

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**Y**our child should have blood pressure measurements regularly, starting at around 3 years of age. High blood pressure in children needs medical attention. It may be a sign of underlying disease and, if not treated, may lead to serious illness.

Check with your child's health care provider about blood pressure measurements.

## LEAD

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**L**ead can harm your child, slowing physical and mental growth and damaging many parts of the body. The most common way children get lead poisoning is by being around old house paint that is chipping or peeling. Some authorities recommend lead tests at 1 and 2 years of age.

Use a (✓) to mark “yes” answers to the questions below. Any “yes” answers may mean that your child needs lead tests earlier and more often than other children.

### Has Your Child:

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- ☐ Lived in or regularly visited a house built before 1950? (This could include a day care center, preschool, the home of a babysitter or relative, etc.)
- ☐ Lived in or regularly visited a house built before 1978 (the year lead-based paint was banned for residential use) with recent, ongoing, or planned renovation or remodeling?
- ☐ Had a brother or sister, housemate, or playmate followed or treated for lead poisoning?

## VISION AND HEARING

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**Y**our child's vision should be tested before starting school, at about 3 or 4 years of age. Your child may also need vision tests as he or she grows. Some authorities also recommend hearing testing beginning at 3 to 4 years of age.

If at any age your child has any of the vision or hearing warning signs listed below, be sure to talk with your health care provider.

### Vision Warning Signs

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- ☐ Eyes turning inward (crossing) or outward
- ☐ Squinting
- ☐ Headaches
- ☐ Not doing as well in school work as before
- ☐ Blurred or double vision

### Hearing Warning Signs

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- ☐ Poor response to noise or voice
- ☐ Slow language and speech development
- ☐ Abnormal sounding speech

**SPECIAL WARNING:** Listening to very loud music, especially with earphones, can permanently damage your child's hearing.

Record test results on pages 18-19.

## ADDITIONAL TESTS

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**Y**our child may need other tests to prevent health problems. Some common tests are:

**Anemia (Blood) Test**—Your child may need to be tested for anemia (“low blood”) when he or she is still a baby (usually around the first birthday). Children may also need this test as they get older. Some children are more likely to get anemia than others. Ask your health care provider about anemia testing.

**Tuberculosis (TB) Skin Test**—Children may need this test if they have had close contact with a person who has TB, live in an area where TB is more common than average (such as a Native American reservation, a homeless shelter, or an institution), or have recently moved from Asia, Africa, Central America, South America, the Caribbean, or the Pacific Islands.

# TEST AND EXAM RECORD

## Type of Test or Exam

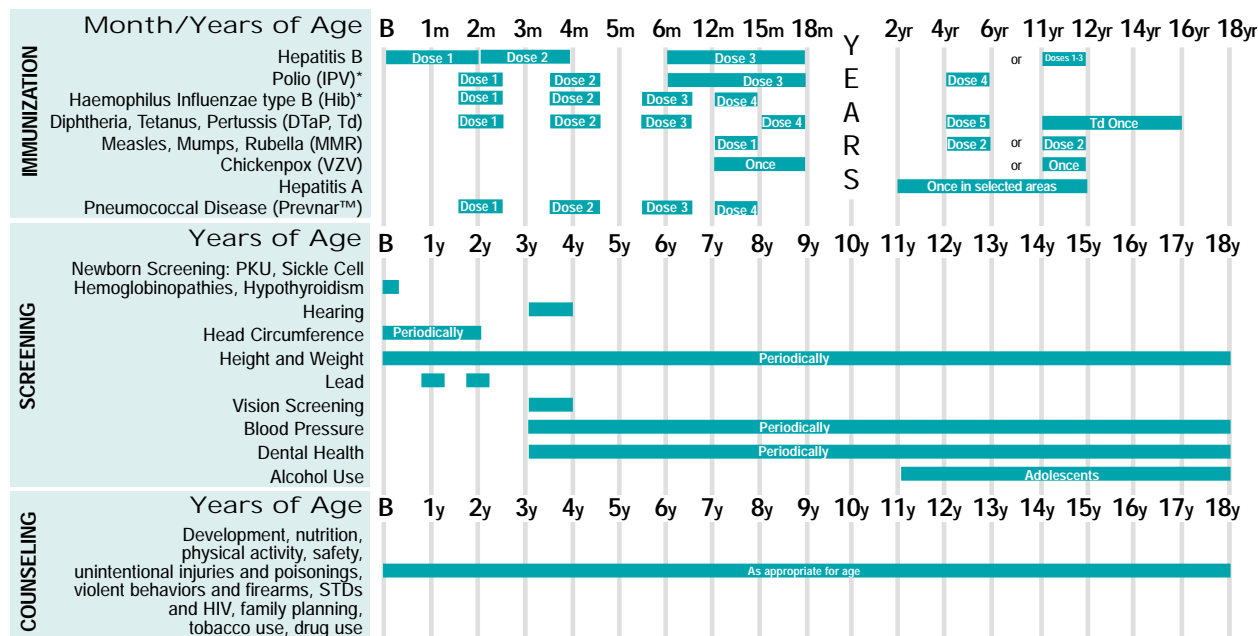
Enter Date/Age, Results, and  
Other Information

<p>Newborn Screening (pg. 14)      Date/Age</p> <p>Schedule: Before 7 days old*</p>							
<p>Blood Pressure (pg. 14)      Date/Age</p> <p>Schedule: Regularly after 3 years old*</p>							
<p>Lead Test (pg. 15)      Date/Age</p> <p>Schedule: First test by 1-2 years old*</p>							
<p>Vision Test (pg. 16)      Date/Age</p> <p>Schedule: First test at 3-4 years old*</p>							
<p>Hearing Test (pg. 16)      Date/Age</p> <p>Schedule:*</p>							
<p>Dental Visit (pg. 26)      Date/Age</p> <p>Schedule:*</p>							

\*Discuss your child's specific needs with his or her health care provider.

# CHILD PREVENTIVE CARE TIMELINE

## Clinical Preventive Services for Normal-Risk Children



**Recommended by most U.S. authorities**

\* Schedules may vary according to vaccine type.

The information on immunizations is based on recommendations issued by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians.

## DEVELOPMENT

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**C**hildren grow and develop at different rates. This table shows the ages by which most young children develop certain abilities. It is normal for a child to do some of these things later than the ages noted here. If your child fails to do many of these at the ages given, or you have questions about his or her development, talk with your child's health care provider.

### 2 MONTHS

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- ☐ Smiles, coos
- ☐ Watches a person, follows with eyes

### 4 MONTHS

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- ☐ Laughs out loud
- ☐ Lifts head and chest when on stomach, grasps objects

### 6 MONTHS

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- ☐ Babbles, turns to sound
- ☐ Rolls over, supports head well when sitting

### 9 MONTHS

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- ☐ Responds to name, plays peek-a-boo
- ☐ Sits alone, crawls, pulls self up to standing

### 1 YEAR

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- ☐ Waves bye-bye, says mama or dada
- ☐ Walks when holding on, picks up objects with thumb and first finger

### 18 MONTHS

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- ☐ Says 3 words other than mama or dada, scribbles
- ☐ Walks alone, feeds self using spoon

### 2 YEARS

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- ☐ Puts 2 words together, refers to self by name
- ☐ Runs well, walks up stairs by self

### 3 YEARS

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- ☐ Knows age, helps button clothing, washes and dries hands
- ☐ Throws ball overhand, rides tricycle

### 4 YEARS

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- ☐ Knows first and last name, tells a story, counts 4 objects
- ☐ Balances on 1 foot, uses children's scissors

### 5 YEARS

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- ☐ Names 4 colors, counts 10 objects
- ☐ Hops on 1 foot, dresses self

## NUTRITION

**W**hat your child eats is very important for his or her health. Follow the nutrition guidelines below.

### Guidelines for a Healthy Diet

#### 0-2 YEARS OLD:

- ❑ Breast milk is the best single food for infants from birth to 6 months of age. It provides good nutrition and protects against infection. Breast feeding should be continued for at least the first year, if possible. If breast feeding is not possible or not desired, iron-enriched formula (not cow's milk) should be used during the first 12 months of life. Whole cow's milk can be used to replace formula or breast milk after 12 months of age.
- ❑ Breast-fed babies, particularly if dark skinned, who do not get regular exposure to sunlight may need to receive Vitamin D supplements.
- ❑ Begin suitable solid foods at 4-6 months of age. Most experts recommend iron-enriched infant rice cereal as the first food.

- ❑ Start new foods one at a time to make it easier to identify problem foods. For example, wait 1 week before adding each new cereal, vegetable, or other food.
- ❑ Use iron-rich foods, such as grains, iron-enriched cereals, and meats.
- ❑ Do not give honey to infants during the first 12 months of life.
- ❑ Do not limit fat during the first 2 years of life.

#### 2 YEARS AND OLDER:

- ❑ Provide a variety of foods, including plenty of fruits, vegetables, and whole grains.
- ❑ Use salt (sodium) and sugars in moderation.
- ❑ Encourage a diet low in fat, saturated fat, and cholesterol.
- ❑ Help your child maintain a healthy weight by providing proper foods and encouraging regular exercise.

## DENTAL/ ORAL HEALTH

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**Y**our child needs regular dental care starting at an early age. Talk with your dentist to schedule the first visit. Good oral health requires good daily care. Follow these guidelines.

### For Babies:

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- ☐ If most of your child's nutrition comes from breast feeding, or if you live in an area with too little fluoride in the drinking water (less than .3 ppm for children less than 2 years old, less than .7 ppm for children over 2 years old), your child may need fluoride drops or tablets. Ask your health care provider or local water department about the amount of fluoride in your water and note it here: \_\_\_ppm.
- ☐ Don't use a baby bottle as a pacifier or put your child to sleep with a baby bottle. This can cause tooth decay and ear infections.
- ☐ Keep your infant's teeth and gums clean by wiping with a moist cloth after feeding.
- ☐ When multiple teeth appear, begin gently brushing your infant's teeth using a soft toothbrush and a very small (pea-sized) amount of toothpaste with fluoride.

### For Older Children:

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- ☐ Talk with your dentist about dental sealants. They can help prevent cavities in permanent teeth.
- ☐ Use dental floss to help prevent gum disease. Talk with your dentist about when to start.
- ☐ Do not permit your child to smoke or chew tobacco. Set a good example: don't use tobacco products yourself.
- ☐ If a permanent tooth is knocked out, rinse it gently and put it back into the socket or in a glass of cold milk or water. See a dentist immediately.

## PHYSICAL ACTIVITY

**Y**our child needs regular physical activity through play and sports to stay fit. Good physical activity habits learned early can help your child become an active and healthy adult. Adults who are physically active are less likely to be overweight or to have heart disease, high blood pressure, and other diseases. Adults and children should try to get at least 30 minutes of physical activity most days of the week.

- ☐ Encourage your child to participate in physical activities, including sports.
- ☐ Encourage involvement in activities that can be enjoyed into adulthood (walking, running, swimming, basketball, tennis, golf, dancing, and bicycle riding).
- ☐ Plan physical activities with family or friends; exercise is more fun with others.
- ☐ Limit the time your child spends watching TV to less than 2 hours per day. Encourage going out to the playground, park, gym, or swimming pool instead.
- ☐ Physical activity should be fun. Don't make winning the only goal.
- ☐ Many communities and schools offer exercise or sports programs—find out what is available for your child.

## TOBACCO USE

**U**sing tobacco in any form is harmful to you and can harm your child's health. Tobacco use—smoking and/or chewing tobacco—causes cancer, heart disease, and other serious illnesses. Children exposed to tobacco smoke are more likely to get infections of the ears, sinuses, and lungs. Smoking in the home may also cause lung cancer in family members who do not smoke.

Discourage your child from using tobacco (in any form). If you smoke, ask your health care provider about getting help to quit.



## SAFETY

**M**ore children die from injuries than any other cause. The good news is that most injuries can be prevented by following simple safety guidelines. Talk with your health care provider about ways to protect your child from injuries. Fill out this safety checklist.

### Safety Guidelines Checklist

Read the list below and check off each guideline that your family already follows. Work on those you don't.

#### FOR ALL AGES:

- ☐ Use smoke detectors in your home. Change the batteries every year and check once a month to see that they work.
- ☐ If you have a gun in your home, make sure that the gun and ammunition are locked up separately and kept out of children's reach.
- ☐ Never drive after drinking alcohol.
- ☐ Use car safety belts at all times.

- ☐ Teach your child traffic safety. Children under 9 years of age need supervision when crossing streets.
- ☐ Teach your children how and when to call 911.
- ☐ Learn basic life-saving skills (**CPR**).
- ☐ Keep a bottle of ipecac at home to treat poisoning. Talk with a doctor or the local Poison Control Center before using it. Post the number of the Poison Control Center near your telephone and write it in the space on the inside front cover of this book. Also, be sure to check the expiration date on the bottle of ipecac to make sure it is still good.

#### INFANTS AND YOUNG CHILDREN

- ☐ Use a car safety seat at all times until your child weighs at least 40 pounds.
- ☐ Car seats must be properly secured in the back seat, preferably in the middle.
- ☐ Keep medicines, cleaning solutions, and other dangerous substances in childproof containers, locked up and out of reach of children.

- ❑ Use safety gates across stairways (top and bottom) and guards on windows above the first floor.
- ❑ Keep hot water heater temperatures below 120 F.
- ❑ Keep unused electrical outlets covered with plastic guards.
- ❑ Provide constant supervision for babies using a baby walker. Block the access to stairways and to objects that can fall (such as lamps) or cause burns (such as stoves).
- ❑ Keep objects and foods that can cause choking away from your child. This includes things like coins, balloons, small toy parts, hot dogs (unmashed), peanuts, and hard candies.
- ❑ Use fences that go all the way around pools and keep gates to pools locked.

## OLDER CHILDREN

- ❑ Use car safety belts at all times.
- ❑ Until children are tall enough so that the lap belt stays on their hips and the shoulder belt crosses their shoulder, they should use a car booster seat.
- ❑ Make sure your child wears a helmet while riding on a bicycle or motorcycle.
- ❑ Make sure your child uses protective equipment for rollerblading and skateboarding (helmet, wrist and knee pads).
- ❑ Warn your child of the dangers of using alcohol and drugs. Many driving and sports-related injuries are caused by the use of alcohol and drugs.

## A SPECIAL MESSAGE ABOUT SIDS

Sudden Infant Death Syndrome (SIDS) is the leading cause of death for infants. Put infants to sleep on their backs to decrease the risk of SIDS.

## CHILD ABUSE

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**C**hild abuse is a hidden, serious problem. It can happen in any family. The scars, both physical and emotional, can last for a lifetime. Because children can't protect themselves, we must protect them.

### Ways to Prevent Child Abuse

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- ☐ Teach your child not to let anyone touch his or her private parts.
- ☐ Tell your child to say “No” and run away from sexual touches.
- ☐ Take any reports by your child of physical or sexual abuse seriously.
- ☐ Report any abuse to your local or State child protection agency.
- ☐ Local Hotline: \_\_\_\_\_
- ☐ If you feel angry and out of control, leave the room, take a walk, take deep breaths, or count to 100. Don't drink alcohol or take drugs. These can make your anger harder to control. If you are afraid you might harm your child, get help NOW. Call someone and ask for help. Talk with a friend or relative, other par-

ents, your clergy, or your health care provider. Take time for yourself. Share child care between parents, trade babysitting with friends, or use day care.

## AS YOUR CHILD GROWS UP

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**A**s your child grows up, he or she will face many important health issues not included in the *Child Health Guide*. Some examples are:

- ☐ Alcohol
- ☐ Drugs
- ☐ Sexuality
- ☐ STDs
- ☐ Birth Control

Talk to your health care provider about these important issues—even while your child is still young. You may want to get further assistance from authorities listed on the next two pages.

Start early to teach your child to make responsible choices—irresponsible choices can have a lifelong effect. Your child needs you. Take the time to “be there” for your child—listening, advising, and supporting. The rewards will be well worth the effort.

## FOR MORE INFORMATION

If you would like more information about how to help your child stay healthy, talk with your child's doctor or other health care provider.

You can also get information from the authorities listed below.

### AIDS

- ❑ CDC National AIDS Hotline 1-800-342-AIDS
- ❑ CDC AIDS Hotline in Spanish 1-800-344-7432
- ❑ CDC TTY Hotline for the Deaf 1-800-243-7889  
*e-mail: <http://www.ashastd.org/nah>*

### Alcohol and Drugs

- ❑ National Clearinghouse for Alcohol and Drug Information 1-800-729-6686  
*e-mail: <http://www.health.org>*

### Child Abuse

- ❑ National Child Abuse Hotline 1-800-422-4453  
*e-mail: <http://www.childhelpusa.org>*

### Counseling/Crisis Intervention

- ❑ National Youth Crisis Hotline 1-800-HIT-HOME  
*e-mail: <http://www.1800hithome.com>*

## Food and Drug Safety

- ❑ Food and Drug Administration, Office of Consumer Affairs 1-888-463-6332  
*e-mail: <http://www.fda.gov>*

## General Child Health Information

- ❑ American Academy of Pediatrics  
847-228-5005 ext. 5100  
*e-mail: <http://www.aap.org>*

## Immunizations

- ❑ General Information: Centers for Disease Control and Prevention 1-800-232-SHOT  
*e-mail: <http://www.cdc.gov/nip>*
- ❑ Vaccine Adverse Event Reporting System  
1-800-822-7967  
*e-mail: <http://www.vaers.org>*

## Maternal and Child Health

- ❑ National Maternal and Child Health Clearinghouse 1-888-434-4624  
*e-mail: <http://www.nmchc.org>*

## Safety and Injury Prevention

- ❑ Consumer Product Safety Commission  
1-800-638-CPSC  
*e-mail: <http://www.cpsc.gov>*

- ☐ National Highway Traffic Safety  
Administration Auto Safety Hotline  
1-800-424-9393

## Sexually Transmitted Diseases

# HEALTH CARE VISIT AND ILLNESS RECORD

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